



APPLICATION FOR SITE PLAN REVIEW

Department of Safety and Inspections (DSI)
375 Jackson Street
Suite 220
Saint Paul MN 55101-1806
651-266-9086

STAFF USE ONLY

SPR # _____
Fee \$ _____
Staff meeting date: _____
City agent _____

APPLICANT

(Main contact person for project)

Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

OWNER

(If different than the applicant)

Name _____ Company _____
Address _____
Phone _____ Email _____

PROJECT

Project name / description _____

Project address / Location _____

Project start date : _____
Project value (cost of construction not including cost of land) \$ _____
Site area (area of construction limits in square feet) _____

Applicant's signature _____ Date _____

STAFF USE ONLY Type Site Plan Sub _____ Work _____ S.F. _____

Folder Name _____

PDF submitted: No email drive/disk drop box web site

Bond/letter of credit/escrow \$ _____ Date _____

Site plan approved by _____ Date _____

Work approved by _____ Date _____